

Kirk T. Moss, MD., P.C.

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phone (907) 694-1300 fax (907) 694-1315

Date seen: 1.24.05

Patient Name: JOHN MITCHELL

Employer: _____

WORK STATUS

_____ May resume REGULAR work activities immediately.

_____ May resume MODIFIED work activities immediately.

☒ Temporarily unable to resume any work activities because such activity could place him/her or co-workers at risk.

The period of disability: FROM 1.24.05 TO 1.31.05

To be determined by referral doctor: _____

May resume REGULAR activity on: _____

May resume MODIFIED activity on: _____

_____ Presently unable to determined work date.

WORK LIMITATIONS

_____ Lifting, pushing, pulling not to exceed _____ pounds.

_____ Bending or twisting not to exceed _____ times per hour.

_____ Sitting job only. _____ No climbing or overhead work.

_____ No operation of moving equipment.

_____ Right hand work only. _____ Left hand work only.

_____ Keep wound clean and dry:

Other: _____

FOLLOW-UP CARE/REFERRAL

_____ Discharge from medical care.

_____ Return to see Dr. Moss on: _____

_____ Referred for follow-up care to: _____

_____ Appointment scheduled for: _____

Additional comments: Local reaction as well as fever and flu


PHYSICIAN

1.29.05
DATE

EXHIBIT 7

PAGE 1 of 1

type sx is
common after the
shots to head;
advised to rest and
be in bed